

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18888

State File No. ....

FILED JUN 15 1943

Registration District No. 211

Primary Registration District No. 4456

Registrar's No. 8

1. PLACE OF DEATH

(a) County St. Clair  
(b) City or town Appleton  
(c) Name of hospital or institution: Home  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME William Clay Drake

3. (b) If veteran, no (c) Social Security No. no

4. Sex M 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha Drake  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Nov. 21, 1878  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 8  
If less than one day hr. min.

9. Birthplace Warsaw Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Jessie Drake  
13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Wisely  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Drake

(b) Address 3931 Westline Blvd. St. Louis Mo.

17. (a) Burial (b) Date thereof May 31 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo.

18. (a) Signature of funeral director Osceola Eckhoff

(b) Address Appleton City Mo.

19. (a) May 31 1943 (b) Alfred Davidson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair  
(c) City or town Appleton  
(d) Street No. ....  
(e) Citizen of foreign country? no  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1943 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from July 1, 1937 to May 25, 1943

that I last saw him alive on May 27 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Angina pectoris  
Coronary artery heart disease  
Due to Hypertension

Due to Arterial sclerosis  
Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature R. L. Hansen (M. D. or other) MD  
Address Appleton Date signed 5-31-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 22 1948

**RECEIVED**

District Health Officer No. 71

District File Number 5-43-477

Date Filed 6-8-43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Isaac Goltzoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**